



ELECTED OFFICIAL Statement of Financial Interest

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S.D. SEC. OF STATE

Who files: All Elected Officials for *State office* (Governor, Lieutenant Governor, State Treasurer, Attorney General, Secretary of State, State Auditor, Public Utilities Commissioner and Commissioner of School and Public Lands, Supreme Court Justice, circuit court judge and State Legislator; SDCL 3-1A-2); *Gubernatorial appointee* (for whom Senate confirmation is required; SDCL 3-1A-3); and Elected officials in *Local Office* (County Commissioner, School Board Member in a school district with a total enrollment of more than 2,000 students or Commissioner, Council Member or Mayor in 1st Class Municipalities; SDCL 3-1A-4).

Deadline to file: Within 15 days after assuming office.

File with: The Secretary of State except local candidates file with the office where they file their oath of office.

Please print:

Full Name SPENCER GOSCH
Complete Address 104 N RIVERVIEW DR, ALBERTA SD 57631
Office Sought (list District number if applicable) HOUSE OF REPRESENTATIVES, DISTRICT 23
What is your occupation/profession? INSURANCE AGENT / FARMER

****If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and sign and date below.**

☒ **NO Changes**

List any **enterprise** (any business or economic relationship) which accounted for **more than 10%** of or contributed **more than \$2,000** to your family's (includes spouse, minor children living at home) **gross income** in the preceding calendar year or an enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A)

Name of Candidate or Family Member	Name of Enterprise	Enterprise Relationship (Ex: employee, officer, director, associate, shareholder, member, partner, proprietor, etc.)
SPENCER GOSCH	FARM BUREAU FINANCIAL	AGENT
SPENCER GOSCH	JAMES RIVER BROADCASTING	BROADCASTER
SPENCER GOSCH	NIGHTHAWK ENTERTAINMENT	OWNER
SPENCER GOSCH	GOSCH FARMS INC.	EMPLOYEE
ASHLEY GOSCH	GOOD SAMARITAN SOC.	EMPLOYEE

I declare under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of my financial interests for the preceding calendar year.

(Signature)

(Date)